

## **Instructions**

### **Notification of Change**

#### **CFS-495**

### **Purpose**

The Notification of Change form is designed to provide the Family Service Worker with a method for notifying the DCFS Eligibility Specialist of changes in the child's status while in an out of home placement.

### **Completion**

The supply of Notification of Change forms will be kept by the FSW. Within ten (10) days of the date of the change, the FSW should complete and send the Notification of Change form to the appropriate DCFS Eligibility Specialist. The DCFS Eligibility Specialist will review the information and decide if a change in the child's eligibility for IV-E/XIX should be made immediately, if the change affects the child's Child Support Case, or make note of the change and effect the change at the time of the re-determination.

- Identifying information at the top of the form is filled in completely.

Placement/Address Change – should the child's placement and/or address change, this item should be completed. Enter the old address, new address and the date the change in address is effective.

Change in Family Service Worker – Enter the name of the new FSW, the address of the new FSW, the telephone number of the new FSW and the effective date of the change.

Income/Resource Change – Enter the source, amount, and the effective date of any significant changes in the child's income or resources. (i.e., increase/decrease in income, receipt of a lump sum payment, insurance settlement, inheritance, receipt of SSI/SSA income, etc.)

Child Left Care – If the child left care and returned home, enter the date.

Parental Rights Terminated – Enter the date the parental rights of the child's parent(s) were terminated.

Placed for Adoption – Enter the date the foster child was placed for adoption.

Foster Child Has Given Birth – Enter the name of the foster child's infant, the date of birth, and the placement address of this infant.

Child age 16-19 not in school – Enter date the child left school.

Runaway/Trial Visit – Enter the date the child ran away or the date the trial/extended visit began.

Third Party Insurance – Enter the policy number of the insurance policy and the name and address of the insurance company.

Parent indicates a willingness to begin paying support – Enter the name and address of the parent.

Modifications to court order – If the court has made any modifications to the court order that might affect the child's eligibility for Title IV-E or Medicaid, please explain and attach a copy of the order.

Voluntary admission of paternity – If the alleged father voluntarily admits to the paternity of the child, enter the name and address of the father.